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CONFIRMATION NO. 2552

<b>SERIAL NUMBER</b> 10/642,372	<b>FILING OR 371(c) DATE</b> 08/15/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> PA-5213-CIP2
<b>APPLICANTS</b> Dusan Pavcnik, Portland, OR; Thomas A. Osborne, Bloomington, IN; Brian C. Case, Bloomington, IN; Jacob A. Flagle, Bloomington, IN; Michael L. Garrison, Bloomington, IN; Andrew K. Hoffa, Bloomington, IN; Raymond B. Leonard II, Bloomington, IN; Darin G. Schaeffer, Bloomington, IN; Richard B. Siskin, West Lafayette, IN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/403,783 08/15/2002 and is a CIP of 09/777,091 02/05/2001 PAT 7,452,371				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/13/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY OR</b>	<b>SHEETS DRAWING</b> 31	<b>TOTAL CLAIMS</b> 39
<b>INDEPENDENT CLAIMS</b> 15				
<b>ADDRESS</b> 42715				
<b>TITLE</b> IMPLANTABLE VASCULAR DEVICE				
<b>FILING FEE RECEIVED</b> 2230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	